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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attomey Docket No.	03068.001200	 6.6	
First Name	8 /70		
NESTOR J. SANTI ET AL.		227 10	
Express Mail Label No.		2	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. 8ox 1450 Askandria, VA. 22313-1450 1. X Fee Transmittal Form Fee Transmittal Form Guinnia noriginal, and a duplicate for fee processing) 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Data or Declaration Total Pages a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1,63d)) (for continuation/divisional with Box 17 completed) i. DELETION of INVENTOR(S) Signed Statement attached deleting inventorics) same and in port application, see 37 CFR 1,63(e)(2) and 1,33(b). 10. CRAPT (1,53(e)(2) and 1,33(b). 11. English Translation Document (if applicable) (which there is an assignme) Power of Attomey (which there is an assignme) Prover of Attomey (which there is an assignme) 12. X Information Disclosure 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically (remized)) 15. Certified Copy of Priority is claimed) 16. Other: 17. If a CONTINUING APPLICATION, check appropriate box and supply the require information: Cardified Copy of Priority Document(s) (frienzing priority is claimed) 16. Other: 17. If a CONTINUING APPLICATION, check appropriate box and supply the require information: Cardified Copy of Priority Document(s) (frienzing priority is claimed) 16. Other: 17. If a CONTINUING APPLICATION, check appropriate box and supply the require information: Examiner Continuation information: Examiner For CONTINUING APPLICATION, check appropriate box and supply the require information: Continuation information: Examiner 18. CORRESPONDENCE ADDRESS 18. OCORRESPONDENCE ADDRESS					Ex	press Mail	Label No.		
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CLAIMS	(1) FOR	(2) NUMBER FILED	(2) NUMBER FILED (3) NUMBER EXTRA		(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	47 - 20 =	27	X \$ 18.00 =	\$ 486.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 - 3 =	2	X \$ 86.00 =	\$ 172.00	
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	\$290.00 =	\$ 0.00		
		\$ 770.00				
		above Calculations =	\$1,428.00			
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
				TOTAL =	\$1,428.00	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	STEPHEN E. BELISLE, REG. NO. 46,546			
SIGNATURE	All Ber			
DATE	NOVEMBER 5, 2003			

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